

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-91-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lancaster County Council on Aging, Inc. Telephone: 803-285-6956
Address: P O Box 1296 Fax: 803-285-6958
309 S Plantation Road Other: _____
Lancaster SC 29721 Email: Sherrin@lancastercouncilonaging.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

CLASS C AMENDMENT FORM

<p>File the original with:</p> <p>Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
--	---

DATE: 2/5/2010

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____

☒ Class C Non-Emergency # 7458

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change** (Complete the additional document included with this form for a name change **ONLY** if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: Lancaster County Council on Aging, Inc. DBA: _____
(Current Name) (Current DBA if applicable)

TO: Lancaster County Council on Aging, Inc. DBA: Lancaster Area Ride Service (LARS)
(New Name) (New DBA if applicable)

Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

Lancaster County Council on Aging, Inc
(Name & DBA if applicable)

Lancaster SC 29721
(City, State, Zip Code)

803-285-6956
(Telephone Number)

PO Box 1296
(Street and/or Mailing Address)

Jaeg P. Sherr
(Signature)

Executive Director
(Title)